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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 1/10

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: **Double K Cleaning Services, Inc**

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: **Kaola King**

Name (Printed or typed)

**545 North Andrews Avenue, 208**

Address

**Fort Lauderdale, FL 33301**

City, State & Zip

**94-624-2040**

Daytime Telephone number

**kthk64@aol.com**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: **Double K Cleaning Services, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
545 North Andrews Avenue  
208  
Fort Lauderdale, FL 33301

Mailing address, if different is:  
7380 Northwest 1 Street  
204  
Plantation, FL 33161

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To Provide quality cleaning and janitorial services for commercial and residential entities.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kaola King/CEO  
Address: 7380 Northwest 1 Street  
204  
Plantation, FL 33161

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

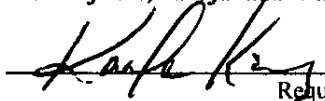
Name: Kaola King  
Address: 545 North Andrews Avenue, 208  
Fort Lauderdale, FL 33301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

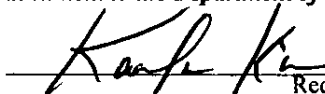
Name: Kaola King  
Address: 545 North Andrews Avenues, 208  
Fort Lauderdale, FL 33301

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

01/04/13  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

01/04/13  
Date

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